WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

51
4
JAN 3 1934

1. PLACE OF DEATH
County Johnson
Township Washington
City Knob Noster Mo (No. ..... St. ..... Ward)

Registration District No. 429
Primary Registration District No. 4255

File No. 36973
Registered No. .....

2. FULL NAME Dorothy Lee Boyd

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-9-1933

7. AGE — YEARS — MONTHS — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knob Noster Mo

FATHER
13. NAME Geo. Alpheus Boyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knob Noster Mo.

MOTHER
15. MAIDEN NAME Dorothy Ann Beatty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

17. INFORMANT (ADDRESS) G. A. Boyd Knob Noster Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cety Cem. Knob N DATE Nov-14 1933

19. UNDERTAKER (ADDRESS) C. L. Saults Knob Noster Mo

20. FILED Nov 14 1933 J. A. Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1933 to Nov 13, 1933
I last saw her alive on Nov 13, 1933 Death is said to have occurred on the date stated above, at 10 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage 1605	

Other contributory causes of importance:
(1) Forceps Delivery

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Geo. Chavez, M. D.
(Address) Knob Noster Mo